

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Council of Life Insurers Political Action Committee

ADDRESS (number and street) ▼

101 Constitution Ave., NW

Suite 700

☐ Check if different than previously reported. (ACC)

Washington

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00147066

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☒ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
10 01 2011

through

M M M / D D D / Y Y Y Y Y Y  
10 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Donald L. Walker

Signature of Treasurer

Mr. Donald L. Walker

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
11 17 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		01		2011

To:

M M	/	D D	/	Y Y Y Y Y
10		31		2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2011</div></div>		<div>59453.10</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>83061.98</div>	
(c) Total Receipts (from Line 19) .....	<div>48915.64</div>	<div>305788.56</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>131977.62</div>	<div>365241.66</div>
7. Total Disbursements (from Line 31).....	<div>13800.00</div>	<div>247064.04</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div>118177.62</div>	<div>118177.62</div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	1		2	0	1	1		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		3	1		2	0	1	1		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	16468.85	106990.72
(ii) Unitemized .....	4946.79	32297.84
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	21415.64	139288.56
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	25000.00	164000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	46415.64	303288.56
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	2500.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	48915.64	305788.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	48915.64	305788.56

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	1173.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	1173.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	238590.50
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	3800.00	7300.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13800.00	247064.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13800.00	247064.04

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	46415.64	303288.56
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	46415.64	303288.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	1173.54
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	1173.54

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. David K. Ficca**

Mailing Address 10075 Red Run Blvd

City

Owings Mills

State

MD

Zip Code

21117-4865

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baltimore Life Insurance Company

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

10 / 26 / 2011

Transaction ID : 42842987

Amount of Each Receipt this Period

900.00

Full Name (Last, First, Middle Initial)

**B. Richard A Spencer**

Mailing Address 4300 Carriage Ct.

City

Kensington

State

MD

Zip Code

20895-3615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baltimore Life Insurance Company

Occupation

Vice President and Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 26 / 2011

Transaction ID : 42842988

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

**c. Mr. Harold B. Rojas**

Mailing Address 6315 Ferryboat Circle

City

Columbia

State

MD

Zip Code

21044-3803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baltimore Life Insurance Company

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 14 / 2011

Transaction ID : 42842996

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Steve Kandarian**

Mailing Address 25 Lenox Road

City

Summit

State

NJ

Zip Code

07901-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MetLife

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2011

**Transaction ID : 42842999**

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

## **B. Mr. John J Patterson**

Mailing Address 10075 Red Run Blvd

City

Owings Mills

State

MD

Zip Code

21117-4865

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baltimore Life Insurance Company

Occupation

Senior Vice President, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 19 / 2011

**Transaction ID : 42843019**

Amount of Each Receipt this Period

11.00

Full Name (Last, First, Middle Initial)

## **C. Mr Brian Stricker**

Mailing Address 10409 Petersboro Road

City

Woodstock

State

MD

Zip Code

21163-1345

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baltimore Life Insurance Company

Occupation

Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 19 / 2011

**Transaction ID : 42843036**

Amount of Each Receipt this Period

390.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1651.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Craig D. Simms**

Mailing Address 31 Quail Hollow Drive

City

Southington

State

CT

Zip Code

06489-1617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vantis Life Insurance Company

Occupation

Senior Vice President, Sales & Marketi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2011

**Transaction ID : 42843570**

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. Mr. Peter L. Tedone**

Mailing Address 32 Lincoln

City

Weatogue

State

CT

Zip Code

06089-9780

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vantis Life Insurance Company

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.42

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2011

**Transaction ID : 42843571**

Amount of Each Receipt this Period

26.75

Full Name (Last, First, Middle Initial)

**C. Mr. John J Patterson**

Mailing Address 10075 Red Run Blvd

City

Owings Mills

State

MD

Zip Code

21117-4865

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baltimore Life Insurance Company

Occupation

Senior Vice President, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2011

**Transaction ID : 42843572**

Amount of Each Receipt this Period

11.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

52.75



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Thomas E Ratterman**

Mailing Address 104 Emily Ct

City  
Vestal

State  
NY

Zip Code  
13850-3000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Columbian Mutual Life Insurance Compan

Occupation

Chairman, President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : 42843587**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mr Patrick A Mannion**

Mailing Address 7665 Hunt Lane

City

Fayetteville

State

NY

Zip Code

13066-2555

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Columbian Mutual Life Insurance Compan

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : 42843588**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Ms. Peggy M. Rubin**

Mailing Address 6140 River Chase Circle

City

Atlanta

State

GA

Zip Code

30328-3545

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Columbian Mutual Life Insurance Compan

Occupation

Senior Vice President, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : 42843589**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 10 OF 36  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. August S. Dittmore**

Mailing Address 314 Wilson Ave

City

State

Zip Code

Endwell

NY

13760-3246

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Columbian Mutual Life Insurance Compan

Occupation

Senior Vice President, Sales & Marketi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2011

**Transaction ID : 42843590**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Daniel J. Fischer**

Mailing Address 6 Moran Court

City

State

Zip Code

Binghamton

NY

13903-5927

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Columbian Mutual Life Insurance Compan

Occupation

Senior Vice President, General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2011

**Transaction ID : 42843591**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Mr. Michael C. Fosbury CFA**

Mailing Address 4504 Forest Lane

City

State

Zip Code

Vestal

NY

13850-3803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Columbian Mutual Life Insurance Compan

Occupation

SVP & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2011

**Transaction ID : 42843595**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. John M. Love**

Mailing Address 23122 Argyle Street

City

State

Zip Code

Novi

MI

48374-4303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Columbian Mutual Life Insurance Compan

Senior Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 31 / 2011

Transaction ID : 42843596

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Richard F Jones**

Mailing Address 5705 Oakwood Road

City

State

Zip Code

Mission Hills

KS

66208-1143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Fidelity Security Life Insurance Compa

Insurance Company President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 06 / 2011

Transaction ID : 42851222

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. James G. Lewis**

Mailing Address 4608 Driftwood

City

State

Zip Code

Frisco

TX

75034-5132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Central Security Life Insurance Compan

Executive Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 10 / 2011

Transaction ID : 42851230

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 12 OF 36  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Michael A. Merriman**

Mailing Address 300 West 11th Street

City

Kansas City

State

MO

Zip Code

64105-1618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Americo Life Insurance Company

Occupation

Chairman of the Board

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 10 / 2011

Transaction ID : 42851231

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mr. Gary L. Muller**

Mailing Address 300 W. 11th Street

City

Kansas City

State

MO

Zip Code

64105-1618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Americo Life Insurance Company

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 10 / 2011

Transaction ID : 42851232

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mr. Mark K. Fallon**

Mailing Address 2209 W. 126th Street

City

Leawood

State

KS

Zip Code

66209-1384

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Americo Life Insurance Company

Occupation

Senior Vice President & Chief Financia

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 10 / 2011

Transaction ID : 42851236

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Gregory A. Hamilton**

Mailing Address 3447 W. 138th Terrace

City

Leawood

State

KS

Zip Code

66224-4595

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Americo Financial Life and Annuity Ins

Occupation

Vice President & Director, Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2011

**Transaction ID : 42851237**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Sandra L. Dunaway**

Mailing Address 3198 SW Ganderia St

City

Lees Summit

State

MO

Zip Code

64081

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Americo Life Insurance Company

Occupation

Vice President, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2011

**Transaction ID : 42851241**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Ms. Cathy A. Cavitt**

Mailing Address 8001 El Monte

City

Prairie Village

State

KS

Zip Code

66208-5050

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Americo Financial Life and Annuity Ins

Occupation

Vice President, Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2011

**Transaction ID : 42851242**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Donald P. Oster**

Mailing Address 12624 W 121st Terrace

City

Overland Park

State

KS

Zip Code

66213-2263

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Americo Life Insurance Company

Occupation

Chief Accounting Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2011

**Transaction ID : 42851243**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Donald L. Walker**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City

Washington

State

DC

Zip Code

20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

SVP, Administration & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR1156427123020**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Mr. Walter C. Welsh**

Mailing Address 101 Constitution Ave, NW  
101 Constitution Ave, NW

City

Washington

State

DC

Zip Code

20001-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3694.80

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR1550105923020**

Amount of Each Receipt this Period

369.48

P/R Deduction (\$184.74 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

719.48

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Robert H. Neill Jr. Jr.

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2011

Transaction ID : PR1554864823020

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Ms. Gail S. Steinberg

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Legislative Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2011

Transaction ID : PR1565786723020

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Ms. Shannon N. Salinas

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Counsel, Taxes & Retirement Security

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2011

Transaction ID : PR1647849723020

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ms. Kathleen F. Kiernan-Pagani**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Sr. Counsel, State Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1522.99

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR172811273020**

Amount of Each Receipt this Period

152.30

P/R Deduction (\$76.15 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Ms. Carolyn C. Cobb**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President & Associate General Cou

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR1821819623020**

Amount of Each Receipt this Period

187.50

P/R Deduction (\$93.75 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. The Honora Dirk A. Kempthorne**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4166.60

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR1871324523020**

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

756.46



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Mr. Brian Waidmann**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Chief of Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3541.61

Date of Receipt

10 / 31 / 2011

Transaction ID : PR1872428323020

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Semi-Monthly)

Full Name (Last, First, Middle Initial)

## **B. Mr. Peter J. Bautz**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Vice President, Taxes and Retirement S

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

10 / 31 / 2011

Transaction ID : PR1903849823020

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

## **C. Mr. Gary E. Hughes**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Executive Vice President & General Cou

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

10 / 31 / 2011

Transaction ID : PR771358223020

Amount of Each Receipt this Period

310.00

P/R Deduction (\$155.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

766.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Ms. Linda H. Cunningham**

Mailing Address 101 Constitution Avenue, NW  
 Suite 700 West

City State Zip Code  
 Washington DC 20001-2133

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Conference Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1071.61

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2011

Transaction ID : PR771362423020

Amount of Each Receipt this Period

107.16

P/R Deduction (\$53.58 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Mr. John F. Dolan**

Mailing Address 101 Constitution Ave, NW  
 Suite 700 West

City State Zip Code  
 Washington DC 20001-2133

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Media Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2011

Transaction ID : PR771365423020

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Ms. Barbara A. Price**

Mailing Address 101 Constitution Avenue, NW  
 Suite 700 West

City State Zip Code  
 Washington DC 20001-2133

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice Pres., Legislative &amp; Regulatory I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

592.59

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2011

Transaction ID : PR771369023020

Amount of Each Receipt this Period

59.26

P/R Deduction (\$29.63 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

226.42

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Mr. J. Bruce Ferguson**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Vice President, State Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2864.60

Date of Receipt

10 / 31 / 2011

Transaction ID : PR771373223020

Amount of Each Receipt this Period

286.46

P/R Deduction (\$143.23 Semi-Monthly)

Full Name (Last, First, Middle Initial)

## **B. Ms. Shawn Hausman**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Sr. Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.20

Date of Receipt

10 / 31 / 2011

Transaction ID : PR771373523020

Amount of Each Receipt this Period

57.52

P/R Deduction (\$28.76 Semi-Monthly)

Full Name (Last, First, Middle Initial)

## **C. Mr. David M. Leifer**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President & Associate General Cou

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1551.61

Date of Receipt

10 / 31 / 2011

Transaction ID : PR771374023020

Amount of Each Receipt this Period

155.16

P/R Deduction (\$77.58 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

499.14

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. James D. Hall**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 31 / 2011

Transaction ID : PR771374323020

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Mr. C. Bryan Cox**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

508.40

Date of Receipt

10 / 31 / 2011

Transaction ID : PR771376823020

Amount of Each Receipt this Period

50.84

P/R Deduction (\$25.42 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Mr. John W. Mangan CEBS**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

10 / 31 / 2011

Transaction ID : PR771377123020

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

280.84

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ms. Kimberly O. Dorgan**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Executive Vice President, Publi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4166.60

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR771395123020**

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Mr. Morris R. Goff**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1872.60

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR771419323020**

Amount of Each Receipt this Period

187.26

P/R Deduction (\$93.63 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Ms. Brenda S. Nation**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR771419923020**

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

753.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ms. Nancy L. Smith**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Executive Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 31 / 2011

Transaction ID : PR771420023020

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Ms. Debra K. West**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 31 / 2011

Transaction ID : PR771421023020

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Mr. Michael Lovendusky**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President & Associate General Cou

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 31 / 2011

Transaction ID : PR771421123020

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

170.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 36  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Jeffry J. Janoska**

Mailing Address 101 Constitution Avenue, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Policy Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.71

Date of Receipt

10 / 31 / 2011

Transaction ID : PR771423123020

Amount of Each Receipt this Period

22.50

P/R Deduction (\$11.25 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Ms. Lisa J. Tate**

Mailing Address 101 Constitution Avenue, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

VP, Litigation & Assoc. Gen. Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

10 / 31 / 2011

Transaction ID : PR771423223020

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Mr. John P. Gerni**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1304.19

Date of Receipt

10 / 31 / 2011

Transaction ID : PR771428723020

Amount of Each Receipt this Period

130.42

P/R Deduction (\$65.21 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

232.92

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. David C. Turner**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

EVP, Chief of Staff & Corp. Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2507.59

Date of Receipt

10 / 31 / 2011

Transaction ID : PR771428923020

Amount of Each Receipt this Period

250.76

P/R Deduction (\$125.38 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Mr. Kynondo Lewis**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Legal Editor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

10 / 31 / 2011

Transaction ID : PR771439623020

Amount of Each Receipt this Period

20.50

P/R Deduction (\$10.25 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Ms. Alane R. Dent**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1566.00

Date of Receipt

10 / 31 / 2011

Transaction ID : PR771444323020

Amount of Each Receipt this Period

180.00

P/R Deduction (\$90.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

451.26



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 36  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. T. Scott Dixon**

Mailing Address 101 Constitution Avenue NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Finance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 31 / 2011

Transaction ID : PR771444923020

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Mr. Andrew M. Melnyk**

Mailing Address 101 Constitution Avenue NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Managing Director, Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.80

Date of Receipt

10 / 31 / 2011

Transaction ID : PR771445823020

Amount of Each Receipt this Period

37.50

P/R Deduction (\$18.75 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Ms. Julie A. Spiezio**

Mailing Address 101 Constitution Avenue NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 31 / 2011

Transaction ID : PR771449623020

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

127.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. John K. Bruins**

Mailing Address 101 Constitution Avenue NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.39

Date of Receipt

10 / 31 / 2011

Transaction ID : PR771450123020

Amount of Each Receipt this Period

31.34

P/R Deduction (\$15.67 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Mr. Maurice A. Perkins**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2109.20

Date of Receipt

10 / 31 / 2011

Transaction ID : PR805149123020

Amount of Each Receipt this Period

229.16

P/R Deduction (\$114.58 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Mr. Wayne A. Mehlman**

Mailing Address 101 Constitution Avenue, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Counsel, Insurance Regulation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 31 / 2011

Transaction ID : PR904819523020

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

310.50

**TOTAL** This Period (last page this line number only)..... ►

16468.85

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 36  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. American Fidelity Corporation PAC**

Mailing Address P.O. Box 25523

City State Zip Code  
Oklahoma City OK 73125

FEC ID number of contributing  
federal political committee.

**C** C00210526

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**10** / **14** / **2011**

**Transaction ID : 42843001**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. Allianz/Fireman's Fund Insurance Company PAC**

Mailing Address 1101 Connecticut Ave, NW #950

City State Zip Code  
Washington DC 20036

FEC ID number of contributing  
federal political committee.

**C** C00095109

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

**10** / **14** / **2011**

**Transaction ID : 42843002**

Amount of Each Receipt this Period

3500.00

Full Name (Last, First, Middle Initial)

## **C. Unum PAC**

Mailing Address 2211 Congress Street

City State Zip Code  
Portland ME 04122

FEC ID number of contributing  
federal political committee.

**C** C00155770

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**10** / **31** / **2011**

**Transaction ID : 42843582**

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

13500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 36  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Ameritas Life Insurance Corp PAC**

Mailing Address 5900 O Street

City State Zip Code  
 Lincoln NE 68510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 31 2011

**Transaction ID : 42843583**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. Penn Mutual PAC**

Mailing Address 600 Dresher Road

City State Zip Code  
 Horsham PA 19044-2204

FEC ID number of contributing  
federal political committee.

C C00142372

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 10 2011

**Transaction ID : 42851244**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C. CUNA Mutual PAC**

Mailing Address P.O. Box 747

City State Zip Code  
 Madison WI 53701

FEC ID number of contributing  
federal political committee.

C C00402107

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 20 2011

**Transaction ID : 42851245**

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

11500.00

25000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 36  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Nationwide Mutual Insurance Co PAC**

Mailing Address One Nationwide Plaza

City State Zip Code  
Columbus OH 43215-2220

FEC ID number of contributing  
federal political committee.

**C** C00076174

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**10 / 26 / 2011**

**Transaction ID : 42842989**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

2500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of Chris Murphy**

Mailing Address PO Box 127

City	State	Zip Code
Cheshire	CT	06410

Purpose of Disbursement  
Correct election designation

011

Candidate Name

**Mr. Christopher Murphy**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼  
2012 Convention Elec

State: CT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2011

**Transaction ID : 42425856**

Amount of Each Disbursement this Period

1000.00
---------

**[MEMO ITEM]**

Correct election designation

Full Name (Last, First, Middle Initial)

**B. Levin For Congress**

Mailing Address P.O. Box 37

City	State	Zip Code
Roseville	MI	48066

Purpose of Disbursement  
Contribution to federal candidate

011

Candidate Name

**Rep. Sander Levin**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2011

**Transaction ID : 42644613**

Amount of Each Disbursement this Period

1000.00
---------

Contribution to federal candidate

Full Name (Last, First, Middle Initial)

**C. Friends Of Dave Reichert**

Mailing Address P. O. Box 53322

City	State	Zip Code
Bellevue	WA	98015

Purpose of Disbursement  
Contribution to federal candidate

011

Candidate Name

**Rep. David Reichert**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2011

**Transaction ID : 42644614**

Amount of Each Disbursement this Period

1000.00
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Contribution to federal candidate

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Snowe for Senate**

Mailing Address P.O. Box 2012

City Portland	State ME	Zip Code 04104
------------------	-------------	-------------------

Purpose of Disbursement  
Contribution to federal candidate

Candidate Name

**Olympia Snowe**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ME District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2011

**Transaction ID : 42644647**

Amount of Each Disbursement this Period

1000.00
---------

Contribution to federal candidate

Full Name (Last, First, Middle Initial)

**B. Robert Hurt For Congress**

Mailing Address PO Box 2

City Chatham	State VA	Zip Code 24531
-----------------	-------------	-------------------

Purpose of Disbursement  
Contributions to federal candidate

Candidate Name

**Rep. Robert Hurt**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2011

**Transaction ID : 42644648**

Amount of Each Disbursement this Period

1000.00
---------

Contributions to federal candidate

Full Name (Last, First, Middle Initial)

**C. Neugebauer Congressional Committee**

Mailing Address 217 Third Street

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Disbursement  
Contribution to federal candidate

Candidate Name

**Rep. Robert Neugebauer**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2011

**Transaction ID : 42644649**

Amount of Each Disbursement this Period

1000.00
---------

Contribution to federal candidate

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Crowley for Congress**

Mailing Address 84-56 Grand Avenue

City	State	Zip Code
Elmhurst	NY	11373

Purpose of Disbursement  
Contribution to federal candidate

Candidate Name

**Joseph Crowley**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2011

**Transaction ID : 42644650**

Amount of Each Disbursement this Period

1000.00
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Contribution to federal candidate

Full Name (Last, First, Middle Initial)

**B. Searchlight Leadership Fund**Mailing Address 422 C St., NE  
Lower Level

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement  
Contribution to federal PAC

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2011

**Transaction ID : 42644651**

Amount of Each Disbursement this Period

1000.00
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Contribution to federal PAC

Full Name (Last, First, Middle Initial)

**C. Judy Biggert for Congress**

Mailing Address P.O. Box 637

City	State	Zip Code
Hinsdale	IL	60522

Purpose of Disbursement  
Contribution to federal candidate

Candidate Name

**Judy Biggert**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2011

**Transaction ID : 42644652**

Amount of Each Disbursement this Period

1000.00
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Contribution to federal candidate

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Huizenga For Congress**

Mailing Address 441 William Court

City  
ZeelandState  
MIZip Code  
49464Purpose of Disbursement  
Contribution to federal candidate

011

Candidate Name

**Rep. Bill Huizenga**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2011

**Transaction ID : 42644653**

Amount of Each Disbursement this Period

1000.00
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Contribution to federal candidate

Full Name (Last, First, Middle Initial)

**B. Brady For Congress**

Mailing Address P.O. Box 8277

City  
The WoodlandsState  
TXZip Code  
77387Purpose of Disbursement  
Contribution to federal candidate

011

Candidate Name

**Rep. Kevin Brady**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2011

**Transaction ID : 42644781**

Amount of Each Disbursement this Period

1000.00
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Contribution to federal candidate

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00
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10000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Coalition to Elect Larry Taylor**

Mailing Address P.O. Box 1208

City	State	Zip Code
Friendswood	TX	77549

Purpose of Disbursement  
Larry Taylor, STATE HOUSE 24th TX

Candidate Name

**Larry Taylor**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2011

**Transaction ID : 42464817**

Amount of Each Disbursement this Period

500.00
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Larry Taylor, STATE HOUSE 24th TX

Full Name (Last, First, Middle Initial)

**B. Leticia Van de Putte Campaign**

Mailing Address P.O. Box 8490

City	State	Zip Code
San Antonio	TX	78208

Purpose of Disbursement  
Leticia Van de Putte, STATE SENATE 26th TX

Candidate Name

**Senator Leticia Van de Putte**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2011

**Transaction ID : 42466845**

Amount of Each Disbursement this Period

500.00
--------

Leticia Van de Putte, STATE SENATE 26th TX

Full Name (Last, First, Middle Initial)

**C. The Craig Eiland Campaign**

Mailing Address 2423 Market St.

City	State	Zip Code
Galveston	TX	77550

Purpose of Disbursement  
Craig Eiland, STATE HOUSE 23rd TX

Candidate Name

**Craig Eiland**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2011

**Transaction ID : 42467856**

Amount of Each Disbursement this Period

500.00
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Craig Eiland, STATE HOUSE 23rd TX

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kelly Hancock Campaign**

Mailing Address P.O. Box 821349

City	State	Zip Code
North Richland Hills	TX	76182

Purpose of Disbursement  
Kelly Hancock, STATE HOUSE 91st TX

Candidate Name

**TX Rep. Kelly Hancock**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 91

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2011

**Transaction ID : 42470906**

Amount of Each Disbursement this Period

500.00
--------

Kelly Hancock, STATE HOUSE 91st TX

Full Name (Last, First, Middle Initial)

**B. Raul Torres Campaign**

Mailing Address 4418 Ayers St.

City	State	Zip Code
Corpus Christi	TX	78415

Purpose of Disbursement  
Raul Torres, STATE HOUSE 33rd TX

Candidate Name

**TX Rep. Raul Torres**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2011

**Transaction ID : 42471212**

Amount of Each Disbursement this Period

300.00
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Raul Torres, STATE HOUSE 33rd TX

Full Name (Last, First, Middle Initial)

**C. John Carona Campaign**

Mailing Address P. O. Box 600035

City	State	Zip Code
Dallas	TX	75360

Purpose of Disbursement  
John Carona, STATE SENATE 16th TX

Candidate Name

**John Carona**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2011

**Transaction ID : 42472675**

Amount of Each Disbursement this Period

500.00
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John Carona, STATE SENATE 16th TX

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1300.00
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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

American Council of Life Insurers Political Action Committee

3800.00